



Regional Task Force on the Homeless

Homeless Services Profile

An update on Facilities and Services for
Homeless Persons throughout San Diego County



(Catholic Charities operates

throughout the County)

numerous homeless programs

January 2001

Introduction

This report describes over 200 shelters and programs available to homeless persons in San Diego County. It provides an overview of how these shelters and programs are distributed, and how they fit into the “Continuum of Care,” (see Figure 1). The Continuum of Care is the countywide homeless housing and service delivery system.

This report is a resource for local policy makers, administrators, planners, community agencies and groups, and grant writers.

SUMMARY

Section One (*pages 4 - 9*) summarizes the programs available to homeless persons in San Diego County, with **charts and tables**, by geography, shelter type, target population, and special client needs.

Section Two (*pages 10 - 17*) provides a **listing of the shelters and programs**. It includes type; agency and program name; target population; special client needs; total beds and the location of the program. It also includes the page number in Section Three where each program is more fully described.

Section Three (*pages 18 - 53*) **provides detailed information for each shelter and program**. Programs are listed alphabetically by their sponsoring agency.

This *Profile* covers programs that were in operation as of January 2001. Programs that were funded but not started until later are omitted. Some of the programs in this *Profile* are not “homeless shelters,” but serve clients who are considered homeless. In these instances, the number of beds listed is an

estimated portion of the total beds available in the facility that are

typically occupied by homeless persons. This most often applies to drug and alcohol residential programs and programs for persons with AIDS.

The number of beds through the County Hotel Voucher Program and the Emergency Food and Shelter Program (EFSP) Motel Vouchering Program is not listed, since they cannot be quantified for this report. In Fiscal Year 1999-00, these programs provided over 12,000 shelter bed nights.

DEFINITIONS

The categories of services and homeless populations used to present this information match many used by public agencies in the planning, funding, and evaluation of homeless facilities and programs. They are used by local jurisdictions in the writing of HUD-required Consolidated Plans. They also appear in other Task Force documents, such as the annual report on the “*Distribution of Public Funds for Homelessness*” and the “*Regional Homeless Profile*.”

Definitions of shelter and service categories used in this report are as follows:

- **Case Management Agencies** offer emergency and supportive services to assist clients in developing a plan for achieving independent living. Many serve non-homeless persons as well.
- **Day Shelters** provide daytime support services in a safe environment. Some of the day shelters are for persons with severe mental illness or recovering from substance abuse.



- **Emergency Shelters** offer temporary overnight sleeping accommodations, for up to a month. Case management is sometimes available to clients.
- **Health Service** programs are clinics that are designed to meet the outpatient medical needs of homeless persons.
- **Permanent Supportive Housing** offers housing for persons with disabilities who need supportive services to maintain their living accommodations. Targeted disabilities are serious mental illness, chronic alcohol/or other drug abuse, and AIDS or related diseases. Persons with a severe chronic developmental disability may also be included.
- **Supportive Services** assist with issues that have either led to homelessness or are obstacles in overcoming homelessness. These include: mental health; substance abuse recovery; life skills training; domestic violence issues; job assistance; child care; food; access to public entitlements; and housing counseling/placement.
- **Transitional Shelters** offer housing, case management, and support services to return people to independent living as soon as possible, often within 6 months, and usually not longer than 24 months.

Figure 1.

